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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

~~Washington, D.C.~~

Application or Docket Number

**10/549797**

~~Washington, D.C.~~

**CLAIMS AS FILED - PART I**

~~National Stage Processing~~

~~Patent Specialist~~

~~(703) 325-8321~~

(Column 1)

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY

| U.S. NATIONAL STAGE FEES                                  |   |   |  |
|---|---|---|--|
| BASIC FEE   |   | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE   |   | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE  |   | U.S. or ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEES FOR EXTRA SPEC. PGS.                                 |   | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS                                   | 9 | minus 20 = *  |  |
| INDEPENDENT CLAIMS  | / | minus 3 = *   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |   |   |  |

| SMALL ENTITY | OTHER THAN<br>SMALL ENTITY |
|--------------|----------------------------|
| RATE         | RATE                       |
| BASIC FEE    | 300                        |
| EXAM. FEE    | 200                        |
| SEARCH FEE   | 400                        |
| X \$ 125 =   |                            |
| X \$ 25 =    |                            |
| X \$ 100 =   |                            |
| + \$ 180 =   |                            |
| TOTAL        | 900                        |
| OR           |                            |
| RATE         |                            |
| BASIC FEE    |                            |
| EXAM. FEE    |                            |
| SEARCH FEE   |                            |
| X \$ 250 =   |                            |
| X \$ 50 =    |                            |
| X \$ 200 =   |                            |
| + \$ 360 =   |                            |
| OR           |                            |
| TOTAL        |                            |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|--------------------------|---|------------------|
|  |             | Minus                                     | **                       | =   |                  |
|  | Total       | *   | Minus                    | **  | =                |
|  | Independent | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   | <input type="checkbox"/> |   |                  |

| SMALL ENTITY        | OTHER THAN<br>SMALL ENTITY |
|---------------------|----------------------------|
| RATE                | ADDITIONAL<br>FEE          |
| X \$ 25 =           |                            |
| X \$ 100 =          |                            |
| + \$ 180 =          |                            |
| TOTAL ADDIT.<br>FEE |                            |
| OR                  |                            |
| RATE                | ADDITIONAL<br>FEE          |
| X \$ 50 =           |                            |
| X \$ 200 =          |                            |
| + \$ 360 =          |                            |
| TOTAL ADDIT.<br>FEE |                            |
| OR                  |                            |

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|--------------------------|---|------------------|
|  |             | Minus                                     | **                       | =   |                  |
|  | Total       | *   | Minus                    | **  | =                |
|  | Independent | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   | <input type="checkbox"/> |   |                  |

| SMALL ENTITY        | OTHER THAN<br>SMALL ENTITY |
|---------------------|----------------------------|
| RATE                | ADDITIONAL<br>FEE          |
| X \$ 25 =           |                            |
| X \$ 100 =          |                            |
| + \$ 180 =          |                            |
| TOTAL ADDIT.<br>FEE |                            |
| OR                  |                            |
| RATE                | ADDITIONAL<br>FEE          |
| X \$ 50 =           |                            |
| X \$ 200 =          |                            |
| + \$ 360 =          |                            |
| TOTAL ADDIT.<br>FEE |                            |
| OR                  |                            |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in column 1.